

COMBINED DECLARATION AND POWER OF ATTORNEY

**ORIGINAL, DESIGN, NATIONAL, STAGE OF PCT OR CIP APPLICATION**

As a below named inventor, I hereby declare that:  
My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole  
inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject  
matter which is claimed and for which a patent is sought on the invention entitled: Personal Care and Surface Cleaning Article,  
which: *(complete (a), (b) or (c) for type of application)*

**Regular or Design Application**

is submitted herewith

(b) and was amended on *(If applicable)*

(c)

**PCT Filed Application Entering National Stage**  
was described and claimed in International Application No.  
and as amended on

filed on  
*(If any)*

**Acknowledgment of Review of Papers and Duty of Candor**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims,  
as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with  
Title 37, Code of Federal Regulations, Section 1.56(a).

In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97.

**Priority Claim**

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119, of any foreign application(s) for  
patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate  
having a filing date before that of the application on which priority is claimed.

*(Complete (d) or (e))*

- (d)  no such application has been filed.  
(e)  such applications have been filed as follows:

---

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO  
SAID APPLICATION**

Country	Application No.	Date of Filing	Date of Issue	Priority Claimed
---------	-----------------	----------------	---------------	------------------

---

**Continuation-in-Part**

*(complete this part only if this is a Continuation-in-Part application)*

I hereby claim the benefit under Title 35, United States Code, Section 120, of any United States application(s) listed  
below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States  
application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to  
disclose material information as defined in Title 37, Code of Federal Regulation, Section 1.56(a), which occurred between the filing  
date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)

(Filing Date)

(Status - patented, pending, abandoned)

**Power of Attorney**

As a named inventor, I hereby appoint EVELYN M. SOMMER, Reg. No. 19,603, with offices at 825 Third Avenue, 30<sup>th</sup> Floor, New York, New York 10022, attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

**SEND CORRESPONDENCE TO:**

Evelyn M. Sommer  
825 Third Avenue  
30<sup>th</sup> Floor  
New York, New York 10022

**DIRECT TELEPHONE CALLS TO:**

(212) 527 2657

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 12001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Original

First and Joint Inventor

Residence &

Citizenship

Post Office Address

Date: **Nov. 16,**

Last Name

Kelly

City

New York

747 Third Avenue, New York, New York 10017

, 2001

First Name

Albert

State or Foreign Country

New York

Signature:

Middle Name

**R.**

Country of Citizenship

USA

*Albert R. Kelly*

10 CERTIFIED TRUE COPIED